



DEPARTMENT OF LABOR

Jim Garner, Secretary

KATHLEEN SEBELIUS, Governor

## Worker's Request for Workers Compensation Records

**(THIS FORM IS NOT TO BE USED BY EMPLOYERS TO ACCESS WORKERS COMPENSATION RECORDS)**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Date of Accident(s): \_\_\_\_\_

Specify below the records you are requesting:

Accident Report(s) on File

Medical Record(s) on File

**I am requesting that a copy of my records be sent to my legal representative listed below:**

Name: \_\_\_\_\_

Address: (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

**I hereby verify that I am requesting Accident Reports or Medical Records involving an accident or prior claim in which I either sought workers compensation or suffered an injury, and I hereby give the Division of Workers Compensation permission to send my records to the person or persons specified above.**

Signature of Worker: \_\_\_\_\_ Date: \_\_\_\_\_

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that social security number be included in forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

DIVISION OF WORKERS COMPENSATION

800 SW Jackson Street, Suite 600, Topeka, KS 66612-1227

Phone: 785-296-2996 • Fax: 785-291-3430 • Toll Free: 1-800-332-0353 • [workerscomp@dol.ks.gov](mailto:workerscomp@dol.ks.gov) • [www.dol.ks.gov](http://www.dol.ks.gov)